NOV 18 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31852

1. PLACE OF DEATH
County: BOONE — Registration District No.: 73 — File No.:
Township: — Primary Registration District No.: 3006 — Registered No.: 226
City: COLUMBIA (No.: 204 HITT St. Ward)

2. FULL NAME: EMMA R ZANE
(a) Residence, No.: 204 HITT St.: 4 Ward:
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of John ZANE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4 1855

7. AGE — Years: 80 — Months: 7 — Days: 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): COLUMBIA, MISSOURI

FATHER
13. NAME: RILEY SPENCE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BOONE COUNTY, MISSOURI

MOTHER
15. MAIDEN NAME: MARY JANE GUITAR
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): COLUMBIA, MISSOURI

17. INFORMANT: JAMES M GARTH
(ADDRESS): COLUMBIA, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: COLUMBIA, MO. DATE: Oct 30, 1935

19. UNDERTAKER: PARKER FURNITURE CO.
(ADDRESS)

20. FILED: Oct 30, 1935 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1935 to Oct 28, 1935
I last saw h. alive on Oct 28, 1935 Death is said to have occurred on the date stated above, at 10 45 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: 10-27-1935

Other contributory causes of importance: Arteriosclerosis

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) A W Kampschmidt, M. D.
(Address) Columbia, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD